

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

# DECEMBER 2020 LINKS MAGAZINE



THE GLOBAL NETWORK OF WHO  
COLLABORATING CENTERS FOR  
NURSING & MIDWIFERY

# WELCOME

December 2020

Welcome to the Links Magazine, December 2020 edition! As a historic year comes to a close, this edition of the Links Magazine will serve as a reflection of the incredible innovation and fortitude shown by our colleagues worldwide.

For perhaps the first time in many, many years, 2020 was the year that humanity shared the experience of a common event of global proportions. Healthcare was placed front and center as the world watched from where they were sheltered in place. From varying cultures and perspectives, the nurses and midwives of the world were presented with a deadly challenge that came on quickly, and continues to plague many countries.

As an ode to, and celebration of those on the frontlines of the Covid-19 Pandemic during this memorable Year of the Nurse and Midwife, we honor the brilliant resilience of our colleagues in this issue. We want to thank all of our partners and colleagues who have shown tremendous unity, courage, and fortitude during this time.

Additionally, we will take a look back on previous Links topics to check in with the progress in palliative care, the climate crisis and more. Let this progress serve as a reminder that as with challenges faced in our past, even with a global pandemic upon us, we will continue to forge onward (at a safe distance), together.

To conclude 2020, the Year of the Nurse and Midwife, we hope this edition of the Global Network for WHO Collaborating Centers for Nursing and Midwifery Links Magazine finds you safe and sound with loved ones to celebrate the passage of a very challenging, yet expansive year for all worldwide.

Warmly,



**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 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

# 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

# **COMMUNITY ANNOUNCEMENTS: HONORING A LEADER & COLLEAGUE**

# PROFESSOR SERARA SEGARONA SELELO-MOGWE (1925-2020)



University of Botswana, School of Nursing  
WHOCC for Nursing and Midwifery  
Development mourns the loss of the  
founding Director of WHOCC, University of  
Botswana

LIFE JOURNEY:  
OCTOBER 10, 1925

END OF JOURNEY:  
SEPTEMBER 02, 2020

FULLTIME NURSING JOURNEY: 1940 -1999

It is with great sorrow to inform the World Health Collaborating Centers Global Network for Nursing and Midwifery community of the passing away of the founding member of the WHOCC for Nursing and Midwifery development at the University of Botswana, School of Nursing, Professor Serara Segarona Selelo-Mogwe on the 2nd September, 2020 after a long illness. WHOCCNM was the first centre to be established in the AFRO Region under her leadership.

Professor Selelo-Mogwe has mentored many nurses in Botswana having been the first nurse to attain a bachelor's degree, from the University of Ottawa, a masters and Doctor of Philosophy in Education for Teachers' College, Columbia University, respectively. As a nurse educator, a scholar, nurse administrator and a policy developer, she became a pioneer who helped improve the health care system in Southern Africa. She was very influential in the development of nursing locally, and internationally. Her footprints in nursing are found in several African countries in the region; she established the first Diploma School of Nursing in Kitwe, Zambia as a Nurse Educator. Today, leading figures in the field of Nursing in Zambia are products of Kitwe Central School of Nursing. She also taught theory and practice at Mpilo School of Nursing in Zimbabwe. After being recalled back home in 1969, with the help of the World Health Organization (WHO), Professor Selelo-Mogwe established the National Health Training Institute, which was a multi-disciplinary school of health professionals, predominantly nurses. There are currently five National Health Training Institutes (now called Institute of Health Sciences) in Botswana helping meet the healthcare needs of the population in the country.

# PROFESSOR SERARA SEGARONA SELELO-MOGWE (1925-2020)

Before joining the University, she worked as first Chief Nursing Officer in the Ministry of Health in the then Bechuana land protectorate (Republic of Botswana) and was responsible for both education and practice. She was seconded by the Botswana government in 1977 to the University of Botswana and Swaziland to start a Bachelor of Education in nursing program that attracted students from the SADC region mainly from Lesotho, Swaziland and South Africa and as well as beyond the region to produce nurse educators who could later teach in the diploma nursing schools. This nursing degree became the first for black nurses in Africa south of Equator. She was the first Head of the Department of Nursing Education, then housed in the Faculty of Education and now the School of Nursing.

During her tenure as the Director of WHOCCNM, she had a vision to ensure that Africa has a well robust nursing and midwifery workforce through quality programs. The initial work she performed through the Centre was the upscaling of nursing education in the institution of higher education for the Africa WHO region.

**"Professor Selelo-Mogwe can simply be regarded as the number one nurse in Botswana, or the Florence Nightingale of Botswana!"**



In her continued endeavor to improve the standard of nursing, she forged partnerships with the two WHOCCs, UNISA and KZN in the region to form a project called Collaboration on Higher Education of Nursing and Midwifery in Africa, (CHENMA) with the intention to assist other countries in the continent to develop nursing and midwifery programs. The human capacity for the projects beyond the region was coordinated at the University of Botswana WHOCCNM and this project assisted Rwanda, and Kenya to start their master's programs in their priority area. Prof Selelo-Mogwe worked for the University of Botswana until her retirement in 1999.

# PROFESSOR SERARA SEGARONA SELELO-MOGWE (1925-2020)

Professor Selelo-Mogwe can simply be regarded as the number one nurse in Botswana or the Florence Nightingale of Botswana! As she was the first woman in Botswana to attain the level of professor. She is indeed an ICON in nursing not only in Botswana but also in the region, Africa and the World! She has forged several regional and international collaborations and served in many international organizations representing Africa such as the International Council of Nursing, East Central and Southern African College of Nursing, World Health Organization Panel of Experts. Selelo-Mogwe has received outstanding national and international awards, amongst them Botswana Presidential Order of Honor; Woman of the Year (1999) from the American Biographical Institute (USA); Nursing Hall of Fame (2000) from Teachers College of Columbia University; Doctor of Philosophy from University of Zululand South Africa; Honorary Life Member of the Democratic Nursing of South Africa (DENOSA); Distinguished Achievement Award from Columbia University; and the International Health Service Individual Award from NCIH –USA. On 7th October 2019, Professor Selelo-Mogwe received the Princess Srinagarinda Award from Thailand.

She will be dearly be remembered for her commitment to nursing profession and her legacy will live forever in serving humanity and selflessly.



*Professor Dr. Serara Segarona Selelo-Mogwe, Recipient of the Princess Srinagarindra Award for the Year 2019 and Founder of the Nurses Association of Botswana.*

**COMMUNITY  
ANNOUNCEMENTS:  
HIGHLIGHTING AN  
INSPIRING CAREER**

# HIGHLIGHTING AN INSPIRING CAREER: A NOTE FROM DR. AND DEAN PATRICIA DAVIDSON



**A Note from the WHOCC Co-Secretary General, and the Beloved Johns Hopkins University School of Nursing Dean, Dr. Patricia Davidson**

The statement that 2020 was one of challenge and disruption would be an understatement. In the Year of the Nurse and Midwife, the power, strength and possibilities of our professions has shone through – not in the way we wanted, but perhaps demonstrating us at both our best and most vulnerable. The year 2020 is also the year that I commit to move back to Australia to be closer to my family and to take on the role of Vice Chancellor of the University of Wollongong, Australia, the place where my professional nursing career began. I am excited about this platform for shaping the future through policy, practice, education and research. However, all transitions are bitter sweet.

When I moved to Baltimore in 2013, many were surprised by the extent of the move- how could I pack up and move across the world. Nevertheless, I consider myself a citizen of the world, not just a country or a state and I know many of the readers of Links feel similarly. This is what fuels our passion for global health- the notion that we are all inextricably linked on this planet.

The opportunity to be the dean of the School of Nursing at Johns Hopkins University has been one of a lifetime. I have learned so much, met so many exceptional people- and am so inspired by our exceptional students. I am so proud that through respectful dialogue, science, collaboration and exchange we can make the world a better place. I am proud of what we each achieve every day- big or small.

# HIGHLIGHTING AN INSPIRING CAREER: A NOTE FROM DR. AND DEAN PATRICIA DAVIDSON

As demonstrated in the COVID-19 pandemic we all live in this world together- the thought that this is any different is folly and at our peril. The holism of nursing is our defining force and why I believe in the power of our profession. We care not just for the person, but their family and their place. We also recognize the unity of diversity.

People are people. People need to eat well and feel well. People love their families. People need to feel safe and secure. It is not a difficult formula. Nevertheless, it is so hard to achieve. The forces of individualism often prevail over the needs of all of us. Avarice, fear and nationalism are some of the greatest barriers we face- often far more powerful than infectious diseases. The Sustainable Development Goals provide a roadmap for a better world- we need to maintain our focus on this integrated approach to improving the health of our planet and our people.

The passion I felt for nursing over 40 years ago has not diminished in anyway. Every day I wake up excited by my work, inspired by my colleagues and motivated by the needs of the world. I believe in the purpose, possibilities and power of nursing as a force for good. I am thankful I am a nurse.

We will emerge from this pandemic with much work to do and we will have to draw on all of our strength. Although my geographic location will have changed- you are forever my colleague and my friend and as 2020 has taught us only a Zoom call away.



*Thank you for your inspirational leadership. You will be missed and we wish you the very best in your next chapter, Dean Davidson!*

# UPCOMING EVENTS & OPPORTUNITIES

# 2019 UPCOMING EVENTS

SAVE  
THE  
DATE!

## DEVELOPMENTS IN MIDWIFERY RESEARCH FALL WEBINAR

**Holly Powell Kennedy described the aims and progress of the Quality Maternal and Newborn Care Research Alliance.** Developed from seminal work published in the 2014 Lancet Series on Midwifery, this important alliance of researchers, clinicians, advocates and policy makers aims to foster and support research to improve quality maternal and new-born care by asking new questions which focus on strengthening women's capabilities, and which could benefit all women. **New members are welcomed. For further information, please see <https://www.qmnc.org>**  
**A recording of the webinar is available at:**  
**[23/9/20 Developments in Midwifery Research](#)**  
**(Access Passcode: ^uRD^d)**

## UPCOMING MIDWIFERY WEBINAR SERIES

**We look forward to seeing you at one of the next webinars!** Please watch out for the flyers. You can register beforehand via the registration links below:

**20/01/21 [Implementing Midwife-Led Care Globally](#)**

**7/03/21 [The Quality of Care and Midwifery](#)**

**28/04/21 [Leadership in Midwifery: Claiming and Sustaining a Place at the Table](#)**

## CALL FOR SUBMISSIONS

**BioMed Central** is looking for written submissions that contribute to research to support evidence-informed decisions on optimizing the contributions of nursing and midwifery workforces.

**The deadline is February 1, 2021.**

**For more information please visit:**

**[The BioMed website](#)**

## PALLIATIVE CARE EDUCATION & TRAINING

WHO Regional Office in Europe and Paracelsus Medical University (PMU) in Salzburg have made an agreement to strengthen palliative care education and training across the region. For this purpose, the Institute for Nursing Science and Practice has been re-designated for a second term (2020-2024) as a WHO Collaborating Centre for nursing research and education.

**[The multidisciplinary curriculum is available here](#)**

**[Have a look at our other activities here](#)**

# OUR DUTY, OUR RESPONSIBILITY

## Championing Advocacy in Global Health



## WATCH THE PANEL HERE

### Panelists

Keith Martin - Executive Director for the Consortium of Universities for Global Health  
Nancy Reynolds - Professor and Associate Dean of Global Affairs at Johns Hopkins SON  
Dr. James Fitzgerald - Director of Health Systems and Services at PAHO  
Wipada Kunaviktikul - Dean of the Faculty of Nursing at Chiang Mai University

Moderators: Patricia Davidson and Oluseun Oladipo

# MIDWIFERY NETWORK UPDATE

# WHOCC MIDWIFERY NETWORK: EXCITING NEW WEBINAR SERIES!

## The first Midwifery Network Webinar: Developments in Midwifery Research September 23rd 2020



**SOO DOWNE**  
BA (HONS), RM, MSC, PHD,  
OBE, PROFESSOR OF  
MIDWIFERY STUDIES, UCLAN  
UK

**PRESENTATION TOPIC:**  
CONDUCTING COVID-19  
MIDWIFERY RESEARCH



**MARY RENFREW**  
BSC, RGN, SCM, DN, PHD,  
FRSE, PROFESSOR OF  
MOTHER AND INFANT  
HEALTH UNIVERSITY OF  
DUNDEE, SCOTLAND

**PRESENTATION TOPIC:**  
COVID-19: UK  
PROFESSORIAL ADVISORY  
GROUP/ROYAL COLLEGE OF  
MIDWIVES RAPID SCOPING  
REVIEWS.



**HOLLY POWELL KENNEDY**  
PHD, CNM, FACNM, FAAN,  
HELEN VARNEY PROFESSOR OF  
MIDWIFERY PRESIDENT,  
AMERICAN COLLEGE OF  
NURSE-MIDWIVES,  
FOUNDATION YALE  
UNIVERSITY

**PRESENTATION TOPIC:**  
QUALITY MATERNAL AND  
NEWBORN CARE RESEARCH  
ALLIANCE: AIMS AND  
PROGRESS

What are the key issues in global midwifery today, and how can they best be tackled? In the Year of the Nurse and Midwife - and beyond - how can research, education and leadership respond to these challenges and contribute to strengthening midwifery globally? The WHO CC Midwifery Network is hosting an exciting new series of webinars, in order to explore these questions with an international audience and open up the debate.

Developed in collaboration with the GNWHOCC Secretariat, JHUSON, and the MCA department, WHO HQ, the webinars are chaired by Midwifery Network members and held every two months between September 2020 and May 2021.

The webinars take the form of short presentations from experts, followed by a panel discussion. The aim of the webinar series is to:

- Promote and celebrate midwifery developments in the Year of the Nurse and Midwife - and beyond.
- Facilitate dialogue between Midwifery Network members and global midwives, and also with other agencies and leaders.

The first webinar entitled: Developments in Midwifery Research was held on 23/9/20. 157 participants attended from 52 countries. The audience included representatives from all of the WHO regions and the webinar has also been translated into Spanish.

# WHOCC MIDWIFERY NETWORK: EXCITING NEW WEBINAR SERIES!

We were delighted that Elizabeth Iro, Chief Nurse, joined us to launch the series. She gave a warm welcome to the audience, saying: “I hope you will find the knowledge shared in today's webinar empowering and that it will help strengthen your voice, visibility and your leadership. Please take the evidence, share it and apply it. I am really, really looking forward to learning from today's events and those in the future.”

*(Right) Elizabeth Iro, MHSc, MBA, RN, RM. Iro holds the position of the Chief Nursing Officer (CNO) to the WHO Headquarters Leadership Team. Photo courtesy of Elizabeth Iro*



There were presentations from three world-leading midwifery researchers:

- Professor Soo Downe RM, MSC, PHD, OBE (Professor of Midwifery Studies, UCLAN UK)
- Professor Mary Renfrew BSC, RGN, SCM, DN, PHD, FRSE (Professor of Mother and Infant Health, University of Dundee, Scotland, UK)
- Professor Holly Powell Kennedy PHD, CNM, FACNM, FAAN (Helen Varney Professor of Midwifery and President, American College of Nurse-Midwives Foundation, Yale University, USA)

Soo Downe began the webinar by describing her current Covid-19 related study ASPIRE: Achieving Safe and Personalized maternity care in Response to Epidemics. The study aims to identify and disseminate optimum organizational solutions for high quality, safe and personalized maternity care in a pandemic, to reduce short- and longer-term adverse outcomes. It uses a mixed-methods, observational, multi-site comparative approach, informed by normalization process and behavioral change theories. The findings are likely to have important implications for maternity care outside of the UK. For further information please see [www.aspire-covid19.com](http://www.aspire-covid19.com)

Mary Renfrew then described another way that research can inform the evidence base for high quality maternity care during a pandemic. Between March -June 2020, the UK Professorial Advisory Group worked with the Royal College of Midwives to swiftly conduct a number of Rapid Scoping Reviews.

# WHOCC MIDWIFERY NETWORK: EXCITING NEW WEBINAR SERIES!

These evidence reviews focused on questions generated by the College to which midwives and women urgently needed answers, and contributed to the national NHS guidance published by Royal College of Midwives and Royal College of Obstetricians and Gynecologists. Reviews focused on: Induction of labour; Companionship in labour; Optimizing maternity services and outcomes; Midwives' mental health and wellbeing; Optimizing mother-baby contact and infant feeding. The reviews have been received very positively in the UK as well as worldwide and are available at: <https://www.rcm.org.uk/rcm-professional-clinical-guidance-briefings>

Finally, Holly Powell Kennedy described the aims and progress of the Quality Maternal and Newborn Care Research Alliance. Developed from seminal work published in the 2014 Lancet Series on Midwifery, this important alliance of researchers, clinicians, advocates and policy makers aims to foster and support research to improve quality maternal and new-born care by asking new questions which focus on strengthening women's capabilities, and which could benefit all women. New members are welcomed. For further information, please see <https://www.qmnc.org>

**A recording of the webinar is available at: 23/9/20 Developments in Midwifery Research:**

**Recording link**

**Passcode: ^uRD^d**

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**20/01/21 Implementing Midwife-Led Care Globally: Registration link**

**17/03/21 The Quality of Care Network and Midwifery: Registration link**

**28/04/21 Leadership in Midwifery: Claiming and Sustaining a Place at the Table:**  
**Registration link**

# **DENIAL OF CARE: PANDEMIC AND PREGNANCY**

# DENIAL OF CARE: PANDEMIC AND PREGNANCY

*Prashanthi, Jane Emily Beatrice, Junior Lecturer, Maternity Nursing Department, College of Nursing, Christian Medical College, Vellore*

**Childbirth is a breath-taking phenomenon in a woman's life. This is a period of immense vulnerability experienced by women. Health care workers act as a barrister in protecting and rendering respectful maternity care. Respectful Maternity Care has been thrust into the limelight over the past years. It is not just a notion, but a right!**



*Photo courtesy of Getty Images*

**DIGNITY  
DESERVED BY  
CHILDBEARING WOMEN:**

Human rights are essential privileges due to all people, recognized by societies and governments and enshrined in international declarations and conventions. The right to health has evolved rapidly under international human rights law. The 1948 Universal Declaration of Human Rights: (1) in Article 25 contains health and the right to health care as part of the right to an adequate standard of living. The right to health is also recognized as a human right in the International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR). (2) Envisioning the parturient women, childbirth rights have been constructed to encompass the woman's fundamental rights, consisting respect for women's autonomy, dignity, feelings, choices, and preferences, including companionship during maternity care. (3) Every pregnant woman possesses rights not only to have a safe delivery, but also to be treated with respect under all circumstances. Thus, safe delivery creates a lasting impact on pleasant memories, which will be treasured and shared.

# DENIAL OF CARE: PANDEMIC AND PREGNANCY

## MATERNITY CARE ACROSS THE COUNTRY:

Various initiatives have been launched under the umbrella of the National Health Mission to improve maternal and child health. In line with this perspective, the Government of India has recently launched initiatives namely Ayushman Bharat, Indian Public Health Standards, Labour Room Quality Improvement Initiative (LaQshya) and Surakshit Matritva Aashwasan (SUMAN). Together all these initiatives subsume different components and provide a platform for guaranteed access to quality care for women and newborn. One such quintessential component is respectful maternity care. The policies have been translated into action. Nevertheless, we have a long way to go with regards to assured service delivery. COVID 19 infection has taken its toll over the minds of people and inculcated a sense of fear and stigma. This acts as a major setback in implementing the policies and protocols tailored by the Government of India towards the welfare of women and children.

**"The abuse dies in a day,  
but the denial slays the life of the people, and entombs the hope of the race."  
- Charles Bradlaugh**

## REPERCUSSIONS OF COVID-19:

COVID 19 pandemic has disrupted every segment of life. The spread of coronavirus has skyrocketed over the past few months. While nations are battling to defer the transmission of the outbreak, the affected population has undoubtedly fallen from grace. The stigma associated with coronavirus has subjected the people to be discriminated, treated separately and labelled in society. The affected parturient population are no exception to this experience. News across the country has highlighted the fact that pregnant women are being rejected for delivery owing to the coronavirus infection. This has become a pressing issue with every passing day. On the other hand, abusive and disrespectful maternity care isn't a new concern which ranges from subtle disrespect and humiliation to overt violence. It spins across the domains of healthcare and human rights as well. They include physical abuse, clinical care without consent, nonconfidential care, undignified care (including verbal abuse), discrimination based on specific patient attributes, abandonment or denial of care, and detention in facilities. (4) Abandoning timely healthcare to the highest attainable level of health is a category of disrespect.

# DENIAL OF CARE: PANDEMIC AND PREGNANCY

## DENIAL OF HEALTH CARE:

Denial of care in pregnancy is a distressing act among health care professionals. A quote by Charles Bradlaugh says, "The abuse dies in a day, but the denial slays the life of the people, and entombs the hope of the race." Now, in this pandemic, many lives of the pregnant women were lost due to a cause which is the most preventable one "Denial of care" the heartless act of humankind. Denial of care to a person is the violence of individual basic human rights as well as a failure of the states to observe their obligations under international human rights. Following are the recent unfortunate turn of obstetrical events reported across the country owing to coronavirus infection.

An eight-month pregnant lady died in an ambulance just outside a hospital in Greater Noida after being denied treatment at various government and private hospitals for 13 hours.

A 26-year-old woman was allegedly refused admission by the District Hospital in Noida, Sector 30, after which she delivered a stillborn baby on the pavement outside the hospital.

Denial and delay of care have also endangered the lives of the pregnant women and the newborns across various states of the country including West Bengal, Manipur, Telangana, Kerala, Bengaluru 6. Allegation filed against the health care ministry has underlined issues like lack of preparedness and administrative apathy.



*Photo courtesy of Getty Images*

## HUMANIZING CHILDBIRTH:

Time has arrived for the fraternity of medical care to shed fear and take up the rod of the caduceus, reminisce the Hippocrates oath and walk the talk. Restoration of non-discriminatory health care services and reinstating the laws whereby refusal of treatment would be considered a cognizable offence will be a game-changer. The lives of many have been succumbed due to denied and delayed treatment. "Primum nil nocere" is a Latin phrase meaning "first, do no harm". This is the key message because every pregnancy is wanted and every birth matters.

References can be found on page 60-61

# AT THE EPICENTER OF THE OUTBREAK

# AT THE EPICENTER OF THE OUTBREAK: FIGHTING ON THE FRONTLINES AGAINST COVID-19

## AT THE EPICENTER OF THE OUTBREAK

*The Hong Kong Polytechnic University WHOCC for Community Health Services*

On the 25th of January, the first day of Chinese New Year, one of our students was among the first group of the medical team from Sichuan to arrive at Wuhan, Mainland China, the epicenter the COVID-19 outbreak.

By the end of April, 134 students and graduates of our Master of Science in Disaster Nursing program had fought on the frontlines against COVID-19. Among them, some had been serving in hospitals in Wuhan or Hubei, as they headed to care for the COVID-19 patients. Some were deployed to the coronavirus epicenter to support the already exhausted medical staff. Others joined the COVID-19 teams in their provinces, paying efforts to prevent widespread of the new virus. We are very proud of our students and graduates, who devoted themselves at the forefront and applied their disaster nursing skills and infection control knowledge in face of the unprecedented challenge.



*(Left) Nursing students from PolyU working with the team from other parts of China.*

## Supporting Community Testing

In Hong Kong, the School of Nursing organized the 135-strong nursing teams (including our staff members, alumni and senior years nursing students) to support the Government's Universal Community Testing Program for COVID-19. Launched in September, this two-week testing aimed at achieving early detection and timely isolation of asymptomatic patients.

To enhance preparedness and safety of our teams, 12 sessions of half-day workshops were offered to refresh the knowledge of infection control, personal protective equipment, and skill in taking a combined nasal and throat swab.

Our nursing team served four community test centers. Two high-level government officials visited the testing centers we served to encourage our teams.

# AT THE EPICENTER OF THE OUTBREAK: FIGHTING ON THE FRONTLINES AGAINST COVID-19

**New, interactive training systems were utilized to prevent outbreaks in residential care homes**



*PolyU student in PPE with a Hello Kitty drawing on the gown to establish a caring atmosphere in wards.*

The Deputy Director of the WHOCC, Dr Angela Leung (also Principal Investigator of the project), was awarded over HK\$1.2 million from the Health and Medical Research Fund for developing the 'Blended Gaming COVID-19 Training System.'

The prototype of the training system was selected as one of the COVID-19 commissioned research projects of the Food and Health Bureau, Hong Kong Government. This Hong Kong's and perhaps the world's first interactive and blended learning training system aims to overcome non-adherence of infection control practice among health care workers in elderly homes.

The system is created based on the international infection prevention and control guidelines as well as settings of local elderly homes to engage users in 'realistic' game scenarios for decision making, such as choosing appropriate personal protective equipment. In-person training sessions will be given to the system users to ensure that knowledge and skills are applied appropriately. A clustered randomized controlled trial will be carried out. If proven effective, the system will be used territory-wide to enhance infection control practice amongst healthcare workers against COVID-19.

References can be found on page 60-61

# AT THE EPICENTER OF THE OUTBREAK: FIGHTING ON THE FRONTLINES AGAINST COVID-19



*(Left) Two senior patients took a happy photo with nursing students before discharge.*

Amid increasing demands of face masks in Hong Kong community, our academic staff member, Dr Simon Lam, carried out a research study to estimate the particle filtration efficiency (PFE) of face masks, based on samples of 160 brands from different sources and countries. The test was conducted by using a self-established system that includes two optical aerosol spectrometers. The result, published in the *American Journal of Infection Control* 2020 (48, 964–965), showed that about 43% of the tested face masks demonstrated insufficient filtration performance at 0.3  $\mu\text{m}$ . The findings attracted extensive local media attentions and have provided information for sourcing and bulk purchasing of reliable masks for protecting their users. It is estimated that the study has benefitted over 5,000 healthcare workers and more than 150,000 members of the public in their infection control efforts.

## Investigating Particle Filtration Efficiency of Face Masks



Graduate from PolyU working in a temporary hospital, comforting a female patient.

Our team of infection control experts set up a video library of best practices in infection control, developed guidelines for health and safety, and conducted a number of research on COVID-19. In the early stage of the outbreak, Dr Lin Yang, collaborated with the clinicians in Wuhan, and reported clinical data of the COVID-19 patients in several international journals. Our research team was among the first to study and report the epidemiological characteristics of COVID-19 in Mainland China, and other Asian countries. Dr Lin Yang alone has published 35 papers about COVID-19 in high impact international journals, including *Clinical Infectious Diseases*, *Journal of Infection*, and *Journal of Travel Medicine*. In particular, her study on clinical outcomes of pregnant women with COVID-19 infection at delivery has over 120 citations.

# **PERSPECTIVE OF A NURSE: COMMUNITY HEALTH DURING COVID-19**

# PERSPECTIVE OF A NURSE TOWARDS COMMUNITY HEALTH NURSING SERVICES AT TIMES OF COVID-19

*Joy Priyadharishini MSc (N), Junior Lecturer, Community Health Nursing,  
Christian Medical College, Vellore*

*Dr. Vathsala Sadan MSc, PhD (N), Dean, College of Nursing,  
Christian Medical College, Vellore*

A community health nurse holds multiple responsibilities such as providing direct healthcare services, managing nurse-run clinics, mentoring the junior staff, supervising the students in clinical experience, academic role in teaching the nursing students and nurturing them. All of which is very much rewarding and at times overwhelming. Their diverse knowledge, amiable attitude and collaborative skills make things happen for the welfare of the community. They are actively involved in confederacy and strive for social empowerment to make greater impact in health of the public.

Since the inception of the profession, community health nurses have been instrumental in shaping individuals, family and community. Community health nurses work in unison with community leaders, public and non-governmental organizations to promote and protect health, prevent disease, engage themselves in health surveillance and community assessment, and to prepare and respond to community level health emergencies.

During the global public health crisis, both the care providers and the general public were in a crucial situation due to the unprecedented implementation of lock downs. Community health services play an important role in the time of pandemic, however the services best adapted to different forms of communication when the regular services are withheld.

Community health nurses advocated for the vulnerable groups that not only include older individuals, those with disabilities and ill health, but also those from any socio-economic groups who might have difficulty in coping mentally, physically or financially with the pandemic. Failure to consider vulnerable populations may not only exacerbate the barriers to health care but may act to deepen health inequalities.



*Photo courtesy of Getty Images*

Community health nurses can provide culturally sensitive, ethically sound and individually tailored family centered care and eliminate the language barriers and provide culturally competent nursing care. Multiple forms of communication, to reach out the public were used at times of crisis. Further actions include the development and delivery of educational materials on basic hygiene practices and infection prevention related to COVID-19.

# PERSPECTIVE OF A NURSE TOWARDS COMMUNITY HEALTH NURSING SERVICES AT TIMES OF COVID-19

One of the most vulnerable group in the community are clients with psychiatric disorders. Non-compliance to therapeutic regimen is common when follow up is inadequate. Hence a mobile psychiatry clinic was conducted regularly with a psychiatrist even during the lockdown period after obtaining approval from the authorities. Though direct communication and interaction with clients were not possible at times of pandemic, appropriate care was delivered through telephone consulting, timely referral and motivating the health care workers in the community to provide basic health services. Cases were discussed virtually with physicians and clients were helped at times of need. Community health nurse also played an extended role of being an occupational health nurse in screening the construction workers for COVID-19.

When an outbreak occurs, it is crucial that nurses are able to liaise with their health care teams to commence next steps including disease identification, providing treatment and timely referral services. In order to do this nurse, needs to have knowledge about the disease, symptoms and transmission which allows nurses to protect themselves as well as the communities they serve. In-service education was planned online, for the community health nurses using modules from WHO and CDC to keep them updated with information regarding COVID-19.

Nurses need to have the skill to identify the anticipated problems and needs of her community. Failure to deliver the health information to the inaccessible and vulnerable groups might have devastating effects on their health and might scale back any recent progress made in their health status. Nurses must be provided with time and autonomy to build on relationships with community, lay leaders, youth in the villages and empowered women in the community, institutions and religious groups to ensure the provision and dissemination of community-based emergency services.

Community health nurses, government, and policy makers needs to ensure long-term investment to support the profession and that community health nurses are well equipped to effectively respond to outbreaks, with a particular focus on meeting the needs of vulnerable groups and advocating on their behalf to reduce inequity in access to healthcare, health protection and cultural sensitivity.

**The community health nurses have made a substantial contribution to the country during any public health emergencies and will continue to be a trusted care provider always.**

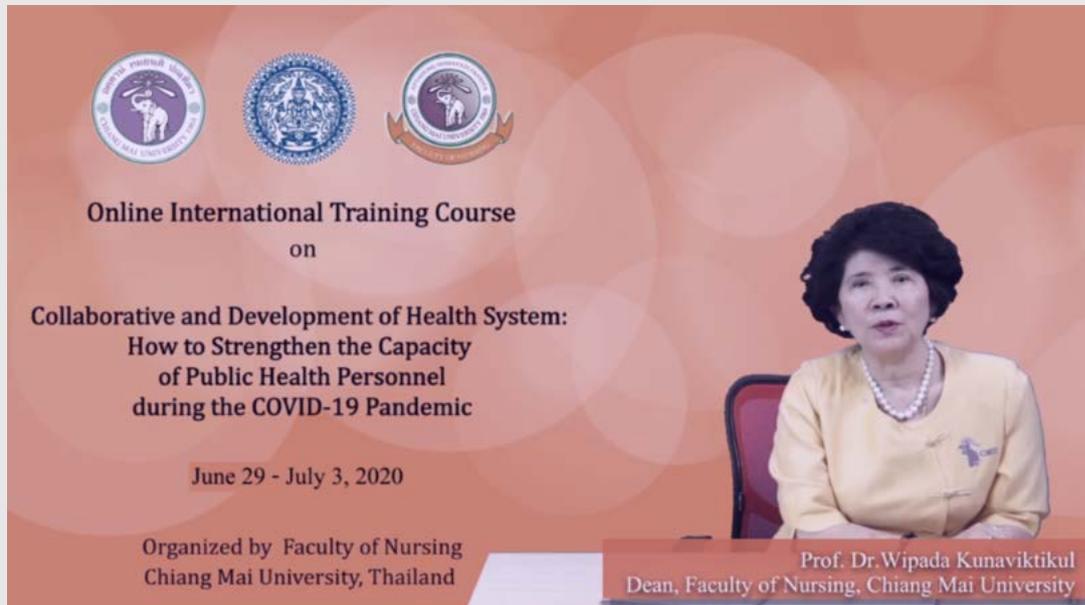


*Photo courtesy of Getty Images*

# **FORGING AHEAD AND FINDING OPPORTUNITIES AMIDST COVID-19**

# FORGING AHEAD AND FINDING OPPORTUNITIES AMIDST COVID-19

*Marisa Guptarak, MPH, Chiang Mai University, Faculty of Nursing WHO Collaborating Centre for Nursing and Midwifery Development Staff*



*Prof. Dr. Wipada Kunaviktikul delivers an opening ceremony speech for the training.*

When Thailand passed an emergency decree in late March 2020, shutting its borders as a means of containing the spread of COVID-19, the country came to a standstill. Work-from-home orders were issued and the streets, normally filled with eager tourists, were empty and silent. The WHO Collaborating Centre in Nursing and Midwifery Development at the Chiang Mai University (CMU) Faculty of Nursing (FON) was forced to cancel The 13th Biennial Conference of the Global Network of WHO Collaborating Centers for Nursing and Midwifery along with corresponding executive and general meetings, and international collaborations were halted as the world grappled with the pandemic.

In the face of these challenges, Prof. Dr. Wipada Kunaviktikul, Director of the WHOCC, was particularly adept at finding opportunities borne of trying circumstances. Known in the region as a center for capacity building and training, she quickly repositioned the CMU Faculty of Nursing and the WHOCC to deliver online workshops. By the end of June, a one-week training on behalf of the Thailand International Cooperation Agency was held on “Collaboration and Health System Development: How to Strengthen the Capacity of Public Health Personnel during the COVID-19 Pandemic” for over 100 people from almost 30 countries.

# FORGING AHEAD AND FINDING OPPORTUNITIES AMIDST COVID-19

The success of this initial workshop quickly translated into additional trainings:

- “Online Healthcare System in Thailand and Thai Local Wisdom” for Otemae University, Japan
- “Online Systematic Review” for Thai researchers
- “Online Older Adults Care” for Chinese nurses from Kunming Medical University
- “Caregiver Training” for nurses in Thailand; and a series of trainings on how to safely open up spa and massage services for people in the hospitality industry.



*Asst. Prof. Dr. Thanee Kaewthummanukul moderates a roundtable discussion for an online training.*

The pivot to online training resulting from Prof. Dr. Wipada’s experience and quick thinking has allowed the WHOCC to remain relevant during these challenging times. The CMU FON WHOCC for Nursing and Midwifery Development has been truly fortunate to have Prof. Dr. Wipada as its Director for the past eight years. In late October she stepped down when her term as Dean of the CMU Faculty of Nursing came to an end. Assistant Professor Dr. Thanee Kaewthummanukul has taken over as both Dean and Director of the WHOCC. His background in community-based public health makes him well-suited to lead the WHOCC and he plans to build upon Prof. Dr. Wipada’s success with further trainings and educational opportunities for the national and international community.

**INNOVATIONS IN  
NURSING  
EDUCATION:  
IN THE FACE OF A GLOBAL  
PANDEMIC**

# INNOVATIONS IN NURSING EDUCATION

## A CHILEAN PERSPECTIVE

*Silvia Barrios A. M. Isabel Catoni S.*

On March 18, 2020, the Chilean government decreed a constitutional state of emergency to face the health crisis generated by the coronavirus pandemic (Covid-19).

In this context, the Ministry of Health issued a call for health professionals to meet the care demands of Chileans infected by Covid-19. The School of Nursing of the Pontificia Universidad Católica de Chile responded by creating a Certificate of Academic Specialty (CAE) in "Nursing in Health Crises" for students in the last year of their degree program. The Certificate required students to complete an average of 40 theoretical hours (taught remotely) and 580 clinical hours (in person).



*On the frontlines during the initial Covid-19 outbreak*

The main learning objectives of the CAE were to demonstrate: a) the ability to collaborate with a health team in adapting to the care needs of the population; and b) more complex patient care skills during a health crisis. The CAE thus constituted an innovation that was integrated in the curriculum to help students achieve the disciplinary and transdisciplinary competencies required for graduation, while deepening their professional nursing experience and responding to the health care needs of the country.

At the peak of the pandemic in Chile (April 15 to July 31, 2020), 74 nursing students (64.3%) voluntarily enrolled in the CAE in the last year of their program of study.

# INNOVATIONS IN NURSING EDUCATION

*Silvia Barrios A. M. Isabel Catoni S.*

The acquisition of theoretical knowledge was facilitated through online activities and evaluated with a test of 36 items (72 points). The disciplinary and interdisciplinary skills acquired by the student in clinical practice were evaluated using “Guidelines for the Evaluation of Clinical Experiences in Nursing Internships related to Health Crises”, which was completed separately by a nurse preceptor and by the student. These guidelines were used to rate student competency in 8 areas: a) care skills, b) management, c) research, d) education, e) integrity and ethical consistency, f) leadership, communication and teamwork, g) critical thinking, and h) professionalism. In addition, the guidelines provided a space for comments where students could report relevant aspects of their clinical experience.

Preliminary results show that 87% of students completed the CAE. The most frequent causes of dropouts were health problems or the loss of employment by a family member. The percentage of approval on the test, and the clinical experiences evaluation completed by the guide nurse, was 92.5% and 91.4%, respectively. The self-evaluation of the students’ clinical experiences reached 94.2%.

These results show that the students in the last year of their program of study successfully acquired competencies in different areas of the nursing role. The skills with the highest level of achievement were healthcare skills and those with the lowest level of achievement were research skills. The voluntary participation of the students in these internship experiences was a great learning opportunity since the students achieved the proposed CAE objectives.

In their comments, the students described the perceived value of their achievements in the areas of ethics, professionalism, teamwork, communication, and the ability to provide emotional support to patients directly and to their relatives, often remotely by phone. In addition, they highlighted their progress in developing perseverance and confidence in their own professional judgment as supported by current scientific evidence. They perceived themselves as making a significant contribution to national efforts to cope with the pandemic.

# INNOVATIONS IN NURSING EDUCATION

## A Perspective Spanning from Trinidad and Tobago to New York City, USA

*Dr. Oscar Noel Ocho, University of West Indies, St. Augustine, Trinidad and Tobago, PAHO/WHO Collaborating Center for Leadership and Policy Dr. Jennifer Dohrn, Columbia University School of Nursing, PAHO/WHO CC for Advanced Practice Nursing*

The COVID-19 pandemic has brought with it serious challenges that is affecting health professional education globally (Woolliscroft, 2020). It is against this background that academic institutions have had to make a transition from the 'face-to-face' didactic mode of the nursing curriculum delivery to an online platform with almost immediate effect. This has brought with it a number of challenges not limited to the theoretical components of the curriculum, but, more importantly, the clinical components of the curriculum. This is particularly challenging since nursing students are still expected to be exposed to opportunities for the development of their clinical competence, notwithstanding that it is being facilitated in a virtual environment (Woolliscroft, 2020).

*(Right) Nursing presenters and attendees on Global Education Symposium: Innovations in Online Clinical Nursing Education – in the context of COVID-19.*

**Transition Simulations**

**Distance Simulation template**

- Pre-brief
- Activity/Sim/Video
- Debrief

**Build new K-S-A on top of fundamental standard precautions**

- Knowledge - Differentiate different types of masks, gowns, and face shields
- Skill - Donning and Doffing PPE reviewed
- Attitudes – safety

COLUMBIA COLUMBIA UNIVERSITY SCHOOL OF NURSING 4

Concomitantly, the pandemic has also affected the accessibility of students to clinical environments at all levels of the health system (Wayne, Green and Neilson, 2020). While students are still required to access opportunities for practice in the development of their clinical competence, in situations where they are able to do so, they are not provided with the level of supervised oversight that they have been used to. By extension, academic faculty and staff have also had to make a transition in their approach to the delivery of clinical courses which has contributed to various levels of challenges, notwithstanding the potential opportunities that this has brought (Wayne, Green and Neilson, 2020). The complexity of this challenge is exacerbated by the academic institutions being expected to provide clinical opportunities for students while, at the same time, ensuring that the licensing requirements for the clinical component of their training is achieved.

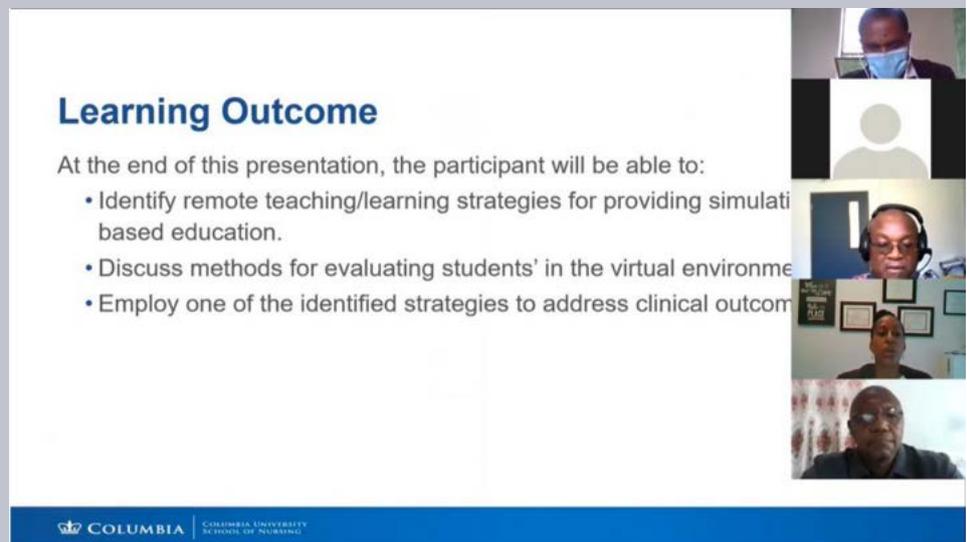
# INNOVATIONS IN NURSING EDUCATION

## A Perspective Spanning from Trinidad and Tobago to New York City, USA

This symposium could serve as a framework for developing cross cultural approaches for capacity development among health professionals and nursing educators that is culturally sensitive and needs oriented. A post-survey confirmed satisfaction with the objectives of the seminar as well as, great interest in continuing these series. Topics for consideration include clinical decision making, preceptorship in clinical nursing, developing alternative assessments and developing clinical scenarios. In conclusion, this symposium, although virtual, was an excellent opportunity for intercultural and cross-regional collaboration as it provided opportunities for shared experienced and lessons learned in innovations in online clinical teaching regardless of the resource setting.

In some clinical laboratory teaching environments there is access to high fidelity simulators, as well as, professional actors who are able to facilitate simulated environments akin to the clinical environments at the institutional level. Whereas, in other settings, there is limited availability of simulators although students at the undergraduate level of training are expected to develop core clinical competencies as global practitioners.

Both University of West Indies School of Nursing, St Augustine, Trinidad and Tobago and Columbia University School of Nursing, New York, United States are part of the global network of PAHO/WHO Collaborating Centers for Nursing and Midwifery which, as a part of our mandate, is the strengthening of competence of nurses and midwives. It is in this context that we collaborated to present a global symposium webinar on July 31, 2020 to examine the implication for clinical teaching during COVID-19 as well as share critical lessons learned and implications for nursing education going forward. There were 128 participants on the webinar, including nursing educators, clinicians, researchers, administrators and policy makers, with more than half of the attendees (85) representing professionals from the Caribbean region and the rest representing the Americas, Africa and Asia.



**Learning Outcome**

At the end of this presentation, the participant will be able to:

- Identify remote teaching/learning strategies for providing simulation based education.
- Discuss methods for evaluating students' in the virtual environment.
- Employ one of the identified strategies to address clinical outcomes.

COLUMBIA COLUMBIA UNIVERSITY SCHOOL OF NURSING

*Over 130 nurses from the Latin American and Caribbean regions as well as global nursing colleagues attended this symposium on Zoom.*

References can be found on page 60-61

# INNOVATIONS IN NURSING EDUCATION

## A Perspective Spanning from Trinidad and Tobago to New York City, USA

This symposium focused on the use of simulation learning as an innovative method to teach nursing students in the COVID-19 era with an emphasis on experiences and lessons learned. It was timely since the target audience was from low to middle income resource settings where the challenges of incorporating innovation in clinical teaching may be more pronounced from an economic perspective. Kellie Bryant DNP, WHNP, CHSE, Executive Director of Simulation and Assistant Professor at Columbia University School of Nursing, led a team of highly qualified simulation educators in providing theoretical and practical experiences based on lessons learned having had to transition to the online environment as a result of New York City becoming the epicenter of the pandemic in the US in March-June 2020. This was followed by a panel discussion with nursing educators from the Caribbean, The Gambia and India. It was evident that while this transition is necessary, there are common challenges affecting nursing educators regardless of their geographical locations. These include access to consistent and reliable information technology, level of information technology literacy among faculty, staff and students as well as, the capacity of the schools to adapt in a timely manner to online clinical teaching during this pandemic. The practical suggestions provided opportunities for reflective practice as participants expressed profound satisfaction with the practical and cost effective approaches to online clinical teaching including access to free online resources.



*The familiar "Zoom Room" we have all come to know!*

References can be found on page 60-61

# INNOVATIONS IN NURSING EDUCATION

## A SCOTTISH PERSPECTIVE

*Dr. Gordon Hill Cross-School International Lead School of Health & Life Sciences, Senior Lecturer (International) Department of Nursing & Community Health*

There has been a great deal of change in past seven months in the Department of Nursing and Community Health at Glasgow Caledonian University. Working closely with other Universities in Scotland and our local National Health Service partners, more than 500 year-two and 500 year-three GCU student nurses converted from their normal supernumerary placements to an extended paid placement over the summer; often working directly with COVID patients.

These placements spanned all of the areas that our students normally attend and have subsequently led to the majority of the year three students being offered staff nurse posts in the health boards that they were working in.

During this time, a huge amount of effort has led to the vast majority of our modules being offered in a blended or online format. This has allowed for students to study from home and ensured that their course could continue.

It has undoubtedly been a difficult time for staff and students, but it has also been a time when the GCU Nursing community has come together to support each other.

As an example of how GCU students responded to the pandemic, below is a reflection on this time from Natalie Elliott, our GCU Nursing Society President and a third-year BSc Nursing (adult) student, who had a paid placement in the Glasgow Clinical Research Facility.



*Students pictured: Natalie Elliott (bottom right), Kimberley Brown, Rebecca Hutton, Heather Richardson and Kate Hewardine*

### How has life and studying changed since COVID-19?

It's been quite a change transitioning to online learning. It's tough to stay motivated and I have really struggled with feeling isolated. However, it does bring its benefits. There is no commute, meaning I can be more productive at home. It also means that I don't need to juggle childcare as I would have done if I were on campus.

Additionally, I have learned that self-care is extremely important for nursing students. We often burn the candle at both ends whilst juggling the magnitude of our degrees. But this year, I've learned the power of vulnerability and that it's okay to reach out and ask for help when things become too much. It doesn't make us weak, in fact it makes us stronger.

# INNOVATIONS IN NURSING EDUCATION

## A SCOTTISH PERSPECTIVE

### What was has it been like being a student nurse this year?

This year has been tiring, anxious and uncertain, but it has also been a privilege. I have really felt a sense of camaraderie and of being part of something so much bigger. A key point for me was a clinical placement in the Glasgow Clinical Research Facility.

This experience was truly amazing and allowed me to be involved in the human element of research. As students, we are often told that we need to practice based on the evidence, but it was incredible to think that there I was actually making that evidence!

I was also able to be involved in the COVID research. It was a privilege to assist in these studies at this time. The importance of teamwork and trusting the team you work with was really evident in this placement. It was fabulous to be part of a team that wanted me to grow even in the rapidly changing environment. The journey of my paid placement was broadcast in a BBC video diary on TV in the UK (watch the video here!) I am immensely proud of all of the student nurses at my University who are all contributing to the NHS during the pandemic, whilst still striving to obtain their undergraduate degree.

### What role does the GCU Nursing Society play?

The Nursing Society provides peer to peer support for student nurses at GCU. During lock down the Nursing Society also help to keep our members' spirits up, provide support by holding revision sessions on social media and we even did sign language classes on Instagram.

The Nursing Society also contributed to International Nurses' Day. GCU had a real focus on thanking everyone who had been caring for people during the COVID pandemic. This culminated in an event on Twitter with the hashtag #ThankYouGCUNurses The day even included a fabulous message from [Annie Lennox](#).

It was important to me to build a community for nursing students as we may be different fields and years of nursing, however, we walk into the world proudly wearing the same GCU uniform. We are all in this together. It was particularly poignant to see the nursing society flourish during the International Year of the Nurse and Midwife.

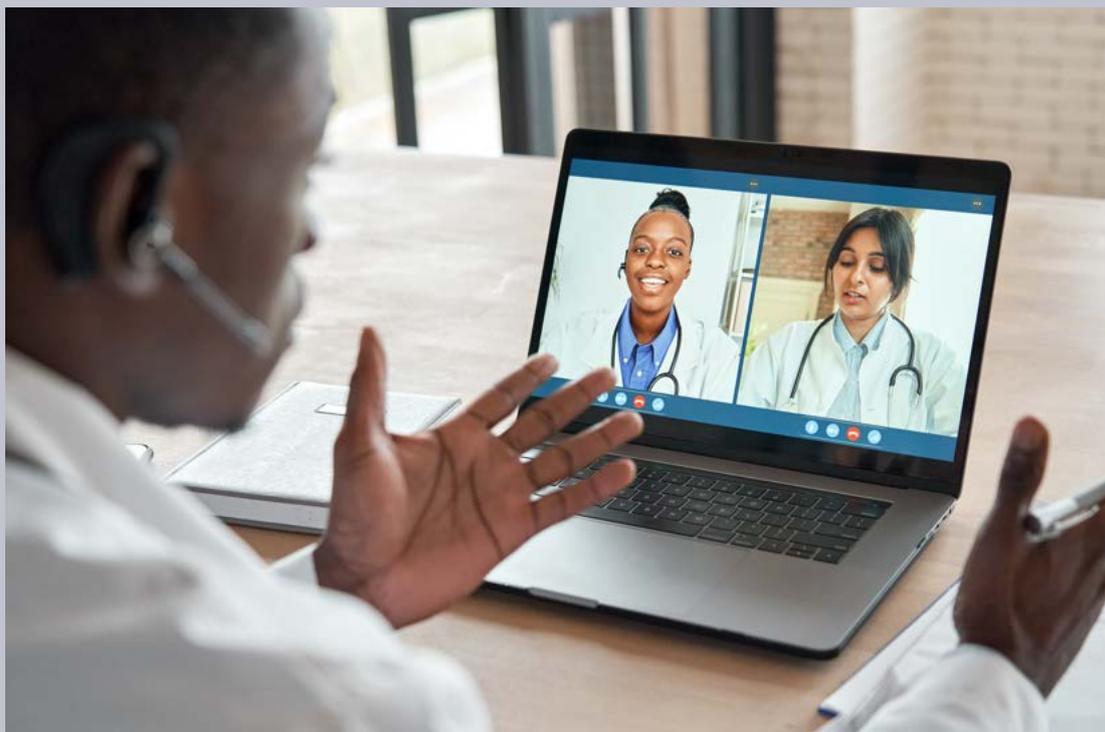
# INNOVATIONS IN NURSING EDUCATION

## Reflections on Challenges and Opportunities of a Nurse Educator in Academic Sector during COVID-19 Pandemic

*Mrs. G. Aruna, Junior Lecturer, Community Health Nursing,  
Christian Medical College, Vellore*

The outbreak of the COVID 19 pandemic resulted in the closing down of all the educational institutions in the country and Worldwide. While waiting for the Government to officially announce the opening of the professional colleges, it is worth reflecting on the opportunities and the challenges this pandemic situation posed for the nurse educators.

The planned regular classroom teachings and the clinical experience for the students were no more feasible to implement and to achieve the learning objectives. The Nursing teacher could no longer see the students, deliver lectures and interact with them as before or help them acquire the skills in the clinical setting. The traditional, face to face classroom teaching and learning became impossible. As a teacher I had always felt more comfortable and in control of my class in the traditional classroom. Seeing the students face to face and delivering lectures and ensuring that the students have learned the concept was a pleasure for me. I am sure every teacher would agree with me that the absence of students in College was quite disappointing.



*Photo courtesy of Getty Images*

# INNOVATIONS IN NURSING EDUCATION

## Reflections on Challenges and Opportunities of a Nurse Educator in Academic Sector during COVID-19 Pandemic

The students were not allowed to use mobile phone or bring mobile phones to classes during the pre COVID time. But the scenario has changed now, and it has become an inevitable part of teaching and learning. This pandemic made online teaching possible for professional courses like Nursing, where the focus is not only on theoretical knowledge but also on Hands-on training for acquiring skills, something that I am sure no one would have imagined ever. It was challenging to move from the traditional method of teaching to digital or online mode. Initially, I started taking classes using only the power points with more pictures to enhance students understanding of the concepts. I felt inadequate as I was not digitally competent to teach online. Thankfully I acknowledge the efforts of the institution that provided opportunities to learn the various applications and techniques of teaching like flipped classroom to make the online classes more enjoyable also ensuring that the facility to access broadband from anywhere in the College.

The more I started to explore the applications, the more I used it in my teaching. It did make me feel enthusiastic as I used it in my classes and my students also benefited. This pandemic also gave the opportunity to develop educational videos to enable students to learn a few concepts. Without much technical assistance only with the efforts of the faculty, as a Department we could develop a few videos. It was challenging yet we were able to do it. At times, I have done online demonstrations with the help of another faculty, to teach certain communication skills and methods of assessments used in Psychiatric Nursing. I have also participated as a standardized patient for the students to learn.

The preparation the teacher requires for the traditional method of teaching and online teachings are different. Now I am able to use online applications to make my classes more interesting and to have undivided attention in the class as much as possible. This transformation from traditional to digital was not an easy task. The difficulties confronted are, the technology fails, the students do not have sufficient network to attend classes or download the videos uploaded, or send assignments, yet could do it with a lot of energy and positivity.

Hoping the situation will return to normalcy and awaiting eagerly to see the students. Thanking this Pandemic situation that God gave a teacher like me for empowering me to upgrade my digital competence, that I would otherwise never have imagined or wanted to go techno friendly.

# **UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE**

# UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

## Promoting Advanced Practice Nursing in Latin America and the Caribbean

*Megan Eagle RN MS MPH FNP-BC Clinical Instructor,  
Deputy Director PAHO/WHO Collaborating Center Office of Global Affairs in partnership  
with the University of Texas Health Sciences San Antonio (UTHSCSA)*

Since 2015, multiple collaborating centers in the Pan American Health Organization (PAHO) Region have been working together with Dr. Silvia Cassiani to develop and support the role of advanced practice nurses in the Latin America and Caribbean regions. The potential for Advanced Practice Nursing (APN) to address chronic illness in the region had been a strong interest of collaborating centers and leaders in nursing education for many years. The following is a snapshot of how collaborating centers have worked diligently over the past five years to move this agenda forward. It is an example of how together we can support each other in meaningful ways that advance universal access to health and health coverage and support the strategic plan of PAHO.

University of Michigan School of Nursing (UMSN) began working with colleagues at the Universidad Autonoma de Nuevo Leon (UANL) in 2012 to explore what such a role would mean, and what faculty training and curriculum would need to be developed. Subsequently, a faculty training program focused on clinical teaching for APN roles was developed by UMSN, UANL, and University of Texas Health Sciences San Antonio (UTHSCSA). Yet acceptance and development of advanced practice roles depends on generating support and momentum at the national and regional level.



*UMSN Faculty Barbara Brush & Megan Eagle, UANL Faculty Esther Gallegos & Juana Mercedes Gutierrez-Valverde with trainees from UANL at UTHSCSA October, 2012*

In April 2015, 30 nurses and health professionals from across Latin America and the Caribbean gathered at McMaster University for a summit to address the APN role in the promotion of primary health care in the Americas. Partners from many of the PAHO/WHO Collaborating Centers contributed to a discussion of priorities to optimize the role of the APN. The summit sparked discussions about broadening the scope of nursing practice in Primary Health Care (PHC) in the Americas to include APNs in Latin America and advancing the role of APNs in the Caribbean, using Canada and the U.S. as examples of countries in which the profession is well-recognized.

# UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

## Promoting Advanced Practice Nursing in Latin America and the Caribbean



*Seminar on Advanced Practice Nursing curriculum and competencies in the Americas, hosted by UMSN PAHO/WHO Collaborating Center, April 9, 2016*

This summit was followed one year later by a symposium held in Ann Arbor, Michigan at the University of Michigan and hosted by the PAHO/WHO Collaborating Center to continue with this work. Ideas were further refined and a plan of action developed to move ideas forward. A technical group was identified to carry forward the work from the symposium by PAHO, the Secretariat of ALADEFE with the NONPF, McMaster University, the Association of Nursing of Brazil, Colombia, and Chile as well as the University of West Indies, PAHO/WHO Collaborating Centers.

One effort to come out of this was an APN Webinar Series, launched in 2016 and continuing on with the support and expertise of collaborating centers in the region. Programmatic and policy topics have been covered including Nursing Workforce Planning and Analysis, Effective Nurse Practitioner Implementation Strategies and Regulation, and Introduction to the PEPPA Framework for Nurse Practitioner to more recent topics covering the role of the APN in the care and management of chronic disease. Some topics that have been covered include: Gender-based Violence, Trauma, and the Midwifery Role, Chronic Disease: A View of Prevention from the Perinatal Perspective, and Meeting the Challenges of Chronic Disease: Techniques for Active Patient Participation. These webinars were offered in English and Spanish and content was provided by expert nurses from the collaborating centers in Canada, the U.S. and South America.

# UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

## Promoting Advanced Practice Nursing in Latin America and the Caribbean

While progress toward the realization of the APN role in the Americas has been slow, the interest in the role continues to grow and collaboration remains central to the effort. At a recent webinar organized and led by nursing faculty at UANL San Antonio (UTHSCSA), 490 nurses and other health care professionals attended sessions on chronic disease that included discussion of the impact of advance practice nursing.



*Presentation on Advanced Practice Nursing and Chronic disease for “Chronic diseases, patients and caregivers: A public health challenge” hosted by the Facultad de Enfermería, Universidad Autónoma de Nuevo Leon, October, 2020*

The Pontificia Universidad Católica de Chile School of Nursing, home the PAHO/WHO Collaborating Center for Health Services and Nursing Development for Non-communicable Disease Care, has developed a nurse practitioner program in collaboration with Boston College. The Master’s degree program at Faculte des Sciences Infirmieres do l’Universite Episcopale d’Haiti (FSIL) in Haiti developed in collaboration with the Haiti Nursing Foundation and the University of Michigan midwifery program trains students in both midwifery and primary care for advance practice roles. It is our hope that the strong collaborations among nursing faculty, PAHO, and policy makers committed to Universal Health Care will lead to opportunities for nurses throughout the Americas improve the health of all.

# HEALTH & WELL- BEING PROFILE OF THE EASTERN MEDITERRANEAN REGION

# HEALTH & WELL-BEING PROFILE OF THE EASTERN MEDITERRANEAN REGION

*Submitted on behalf of the Jordan University of Science and Technology  
and the College of Health Sciences, University of Bahrain*

Comprising almost 9% of the world's population, The WHO Eastern Mediterranean Region (EMRO) comprises 22 countries: Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

Dr. Ahmed Al-Mandhari Regional Director for the Eastern Mediterranean region has recently launched a profile of the health and well-being for EMRO demonstrating both achievements and opportunities. This important piece of work was guided by the strategic priorities of WHO's Thirteenth General Program of Work (GPW 13) focusing on achieving universal health coverage, addressing health emergencies and promoting healthier populations across the life course.



*Since the start of the Syrian crisis, WHO has maintained a strong partnership with the Syrian Red Crescent to reach people living in hard-to-reach and besieged areas, especially people with limited access to health care to save lives and promote health. This partnership continues in the response to the COVID-19 pandemic. Photo Credit:*

<http://www.emro.who.int>

# HEALTH & WELL-BEING PROFILE OF THE EASTERN MEDITERRANEAN REGION



*In the Gaza strip, WHO delivered 50 000 COVID-19 sample collection swabs and 1000 rapid tests to local health authorities. This delivery comes at a critical time as testing supplies are running low due to the ongoing spread of the virus. Photo*

*Credit: <http://www.emro.who.int>*

EMRO continues to experience humanitarian crises that have led to the forced displacement of millions of people, weakening of health system structures and the increase of infectious diseases. The COVID-19 pandemic has been a further blow to many countries. In five EMRO countries, more than 25% of the population are living below the international poverty line. The density of nursing and midwifery personnel (per 10 000 population) in the region is less than the global average and the second lowest among all WHO regions emphasizing both the importance of workforce development and also the challenges of addressing complex healthcare problems.

The COVID-19 pandemic has added to the convoluted and multifaceted challenges of the region—a health crisis in the context of geopolitical instability is not a good recipe. For example in Lebanon, COVID-19 is particularly challenging following the blast of 4th August causing at least 204 deaths, 6,500 injuries, and US\$15 billion in property damage, and leaving an estimated 300,000 people homeless. The blast destroyed 17 containers of WHO essential medical supplies including personal protective equipment. In spite of the many challenges in the region, EMRO is coordinating an impressive regional response as demonstrated in a photo essay, [Highlights of WHO's response to COVID-19 and other health threats in the Region](#). Building the strength of the nursing and midwifery workforce in EMRO will be an important focus emerging from the COVID-19 pandemic.

**UPDATES FROM  
PAST EDITIONS:**

**WHERE ARE WE  
NOW?**

# PALLIATIVE CARE UPDATE FROM DECEMBER 2019

## Palliative Care in 2020

*Hye-lyung Hwang*

*International Program Coordinator, Research Institute for Hospice/Palliative Care  
The Catholic University of Korea, College of Nursing*

As the world confronts a host of challenges in uncharted waters, the current pandemic is calling attention to the benefits of palliative care, underscoring the importance of integrating palliative approaches into treatment. The availability of care and resources in health emergencies will differ across countries and at all levels of society, but the underlying principles of palliative care could guide health care providers on the frontline to optimize care management and act in the best interest of patients. Adding this extra layer of support to care will no doubt be reassuring for many, especially in times when lack of connection and human touch from social distancing can put suffering patients and their families under unbearable stress and burden.

To better understand the state of palliative care and local conditions amid COVID-19, the institute will hold a virtual meeting in December with 8 hospitals affiliated with the university. The issues for this event will include, but are not limited to, the safety of health care workers and volunteers; strategies to tackle workforce shortages; approaches to mitigating a deep sense of fear and loneliness in patients and bereaved families; ways to reorganize home-based or community care and pediatric care services; and ideas for a future research agenda.



*Photo courtesy of. Getty Images*

The in-person training programs that we have been offering as a WHO Collaborating Centre—and as a research institute—were put off earlier this year following the report of South Korea's first COVID-19 case in late January. We strongly hope to resume our training efforts for both local and foreign health care workers once the pandemic has abated. As much as we appreciate the pre-pandemic lifestyle, our understanding is that what we're going through now could also be an opportunity for promising interventions and growth even in the darkest of times.

# PALLIATIVE CARE UPDATE FROM DECEMBER 2019

## Strengthening Palliative Care Education and Training: Collaboration is Key

*Piret Paal*

*WHO CC at the Institute of Nursing Science and Practice, Paracelsus Medical University in Salzburg, Austria*

**WHO Regional Office in Europe and Paracelsus Medical University (PMU) in Salzburg have made an agreement to strengthen palliative care education and training across the region.**

A one-week multidisciplinary palliative care seminar "Capacity Building and Empowerment" was held from the 25th of November to the 29th of November 2019 in Ivano-Frankivsk, Ukraine. It was organized by the WHO CC at the Paracelsus Medical University (Austria) in collaboration with the Ivano-Frankivsk National Medical University and Ivano-Frankivsk Hospice (Ukraine).



Photo courtesy of. Getty Images

In order to demonstrate the importance of providing educational initiatives across the borders, nurses Katya and Svetlana, who participated this course, have agreed to their experiences and impressions. "Palliative care is developing very slowly, and adequate and comprehensive palliative and hospice care is not available in Ukraine. I am pleased that steps are being taken to change the situation. The Capacity Building and Empowerment course in Ivano-Frankivsk is one of these steps," says Katya Gavrylasch. She continues: "The acquired knowledge and exchange of experiences made us look deeper into the patient's needs and issues that arise at the end of life. We have had a unique multidisciplinary experience and have learned to look at one problem+ from different perspectives. For example, suffering is not always physical, but also spiritual. The combination of physical, spiritual, psychological and social aspects makes it possible to aim for harmony and solve the problems.

# PALLIATIVE CARE UPDATE FROM DECEMBER 2019

## Strengthening Palliative Care Education and Training: Collaboration is Key

Svetlana Chernyak, nurse in the local outpatient service continues: "This is my first multidisciplinary course. I have gained lot of new information that could be implemented in our hospices." For her personally Svetlana learned how to answer common end-of-life questions: "How much time I have left?" "Can you help me to end my suffering?" "I realized that it was about giving the correct answer, but to understand, why patient asks such questions and to take care of problems that have made the health related suffering intolerable," says Svetlana. "Care is such a short word, but it contains so much. If absent, it can cause so much despair and pain," adds Katya. "It is so important to improve the quality of life of patients with incurable disease so they can live until the very end. Therefore, we – healthcare professionals – need strategies and empowerment to maintain our strength, patience and courage in our difficult and necessary work."

Unfortunately, Covid-19 has put a stop to any in person cross-border activities, but it has not stopped the knowledge exchange and collaboration. In August we published a paper reflecting on course outcomes in BMC Medical Education. If things go as planned the multidisciplinary palliative care course will be transformed into massive open online-course and made available across Ukraine to enhance undergraduate and postgraduate education. Furthermore, we are looking forward to provide further on-site courses in Ukraine, but also elsewhere in the EURO region, because together we can make a change happen.

**Have a look at our other activities here: <https://whocc.pmu.ac.at/>**

**The multidisciplinary curriculum is available here:  
<https://whocc.pmu.ac.at/toolkit/>**

References can be found on page 60-61

# PALLIATIVE CARE UPDATE FROM DECEMBER 2019

## Palliative Care Nurses for Public Health: Lessons learnt from a Case Reflection

*Priya Ranjani D1, Rajeswari Siva 2, Shandrilal, Immanuel2*  
*Junior Lecturers, Community Health Nursing, Christian Medical*  
*College, Vellore*

### Introduction

Historically palliative care has been considered as a service for cancer patients, but over the time the realization has set in for the care of other chronic and incurable diseases along with cancer. The incidence of cancer in India is 70-90 per 1,00,000 population and prevalence is 2.5 million<sup>5</sup>. It is estimated that 34 million people need palliative care in our country and less than 1% has access<sup>7</sup>. The WHO has defined Palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain, other problems, physical, psychological and spiritual. Providing pain relief, addressing the needs of the patients and families, including bereavement and counseling, integrating psychological and spiritual aspects and offering a support system are some of the principles of palliative care.

The new Sustainable development goals is built on the principle of "leaving no one behind" which emphasizes a holistic approach to achieving sustainable development to all. The third main goal is "ensure healthy lives and promote wellbeing for all at all ages" is very much applicable to the patients who are in need of palliative care.

Being a nursing faculty working in a secondary level hospital of a tertiary level medical college hospital, I have dual role of being a Nurse Manager/ Lecturer and supervise the nursing staff in the base hospital and community area and also teach Community Health Nursing in the College of Nursing for the GNM final year students. I involve in the care of patients and supervise the nursing staff to give holistic care to the clients in the hospital and community.

### Case Summary

This reflection is that of Mr. X a 75 year old gentleman who initially was identified during regular community home visits when his wife reported to us that he is having a small boil in his cheek which is painful. The lesion was as small as 2x2cms, mobile, tender and hard. He presented with a boil in his right side cheek which was painful. He did not have any associated problems and also not a known case of any other life style illnesses. He gave a past history of sustaining a head injury and undergoing a surgery for the same seven years back (has no records of the same). Though he had pain in the area of the boil, he was able to carry out all his activities of daily living by himself and was comfortable in eating solid food. His pain score as said by him was 5 to 6/10.

(For the complete article, please write to the WHOCC Secretariat at:  
son-whocc@jhu.edu)

References can be found on page 60-61

# PALLIATIVE CARE UPDATE FROM DECEMBER 2019

Mr. X was referred to the hospital for investigation. He had visited the medical college hospital and was investigated for the lesion. As he has an independent lesion in the right submandibular region, he was suspected to have malignancy or tuberculosis in his lymph node. He was suggested to undergo blood investigations, imaging of the area and FNAC. As expected by the physicians he was diagnosed to have Malignant Submandibular lymph node Squamous cell carcinoma. The oncologists had advised him to undergo a surgical resection followed by chemotherapy and radiation which he refused. Mr. X considered his age and his poor tolerance as reason for not undergoing the surgery and other treatment.

The lesion started to grow in size and was infiltrating in the adjacent areas of the face, neck and chest. His swelling in the neck started to grow more day by day where erythema set in and he had tenderness all over that area. His sensorium and other systemic examinations were normal. He was suggested by his friends to go to a cancer center, 2 hours in distance from his home. Mr. X went there, as his family wanted him to go but was again suggested for chemotherapy, radiation and surgery. As Mr. X was greatly frustrated with his life and illness, he did not return to the hospital for his second visit. He considered that it is a waste to travel such far as he may deteriorate. He came back to our center and our physicians started him on Tab. Diclofenac sodium 50mg and Tab. Ranitidine 150mg which he took twice a day or sometimes four times a day when pain was more.

It became devastating after 2 months' time as Mr. X developed excruciating pain in the right side of his face, cheek and neck. The pain was some time shooting in the jaw and in the place around the lesion. The family reported that the open lesion started to ooze very badly and they keep changing the soaked dressing once in 5 hours. He expressed that this anguishing pain had caused him severe discomfort and sleeplessness. He also said that he is unable to swallow solid food and hence he takes only liquid diet. He presented to the OPD with smelly, bad, oozing wound in the right submandibular region, excruciating shooting pain in and around the lesion, swelling in the neck and shoulders and disfigurement due to the swelling. His wound was filled with maggots which were numerous (70) on the first day and decreased on subsequent visits. His pain score as expressed by him was 8/10.

## Conclusion

Palliative Care Nurses addresses the complexity of the patient and family needs and serve as cost effective health care coordinators for patients and families to reduces suffering and improve the quality of living and dying across the lifespan<sup>10</sup>. The palliative care experience that I have obtained by working under the Community Health Nursing Department, College of Nursing, Christian Medical College, Vellore has enabled me to be sensitized in the field of palliative care and it opened my eyes on the scope of nurses to work in the hospice, cancer centers and in the community health setting. Home based palliative care services are becoming increasingly popular which is taken to the door step of the patient. Palliative care does require passion, compassion and commitment<sup>10</sup>. But the number of palliative care specialized nurses are a few that can be numbered<sup>6</sup>. It is a challenge for nurses to take up the role of palliative care in the field of public health and to work as driving forces who will be care givers, educators, advocate and counsellors for those patients who need palliative care.

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**The Johns Hopkins University WHOCCNM Secretariat Team at the first Facebook Live video recording, February 2019**

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## Strengthening Palliative Care Education and Training: Collaboration is Key

Related publication:

Paal, P., Brandstötter, C., Bükki, J. et al. One-week multidisciplinary post-graduate palliative care training: an outcome-based program evaluation. *BMC Med Educ* 20, 276 (2020). <https://doi.org/10.1186/s12909-020-02200-7>

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