

UNIVERSITAS 21, CONFERENCE NOVEMBER 2000

INTERNATIONAL NETWORKS – LEADERSHIP, WHAT PRAGMATIC OUTCOMES

ATTENDEES:

Ada Sue Hinshaw (AH) - Michigan
Celeste Johnston (CJ) - McGill
Collette Clifford (CC) - Birmingham
Ewa Stålldal (ES) - Sweden
Han Guel Choo (HGC) - Singapore
Heather Wharrad (HW) - Nottingham
Ingalill Hallberg (IH) - Sweden
Judy Parker (JP) - Melbourne
Laurie Gottlieb (LG) - McGill
Lee Yew Kew (LYK) - Singapore

Long Chooi Fong (LCF) - Singapore
Lorraine Smith (LS) - Glasgow
Margaret Horsburgh (MH) – Auckland, NZ
Nicky James (NJ) - Nottingham
Shake Keterfian (SK) - Michigan
Siobhan Nelson (SN) - Melbourne
Sophia Chan (SC) – Hong Kong

OPENING SESSION - DELEGATE INTERESTS

Lee Yew Kew

Manpower Development Fund
- o/s for 'specialist' but no database

Ada Hinshaw

Possibilities for collaboration/interaction
- progs }common
- research }opportunities
- multi-media }challenges

Richness of diversity
- knowledge
- values

Heather Wharrad

Education and Health Informatics
- on-line collaborations (web on EBP)

Celeste Johnston

(Researcher Perspective)

- richness → generalisability, same in other cultures/sils

Ewa Stålldal

(Research foundation)

- MONEY!
- what are issues
- what research support
- research in developing health care

Judy/Sioban

- ++multimedia investment and expectation → collaboration
- quality – education programmes, particularly post-grad
- research funding – exchange, staff and students
- nursing dimensions for bench to bedside → International multi-site

Lorraine Smith

- new ways of thinking → common problems
- explore: collaborations
 - : potential
- RAE – what does it mean in U21
- funding (research)
- emphasis on research

Shake Keterfian

(multiple international partners- various stages of development)

- partnerships with ‘mature’
- graduates
 - MSc – international internships
 - Doctoral → research, to joining existing team on which is information
- international network for doctoral education (25 countries 225-30 programmes)
 - Quality indicators
 - Faculty/student exchanges

Ingalill Hallberg

- research collaborations
 - systematic knowledge building (?) through collaboration
- education – (language issues)
 - on-line ... new ideas
- common problems and solutions
- how to speed up development of international networking

Collette Clifford

- organisational
 - U21 – institutional development
- education
 - globalisation/how to take forward
 - IT (resources in medicine?)
- research
- personal
 - making enough time for self
 - sharing good and bad with peers

Han Guel Choo

- meet with problems → understanding ed

Sophia Chan

- development internationally → time for international
- developing thinking on solving similar problems
- research collaboration
- student/staff exchanges

Laurie Gottlieb

(McGill – energy/spirit/enthusiasm)

- at Department/School level to capture synergy
- increase say in University
- small group ... benefits
- nursing trends/failure of nursing leadership
 - how to address
- now-teaching – new ideas
- research- global trends
 - universal laws
- interface with medicine

Margaret Horsburgh

- checking against international standards
 - benchmarking
 - staff/student exchanges
- explore student development in small country
- research-making mark quickly
 - collaboratively
 - impact on parts of biomedical sciences

Long Chooi Fong

- teaching and practice improvement
 - theory practice gap in knowledge-based economy
- staff development
 - need to know where to go
- leverage for nursing *implications for future meetings

Nicky James

- as others
- what can we do better collectively
- multi-culturalism
- leadership

INTERACTION

- Practice → Theory/Education
- Practice → Research
- Theory/Education → Research
- Leadership – management
- Academic career
- Inter-disciplinary relationship

INTERNATIONAL PARTNERSHIPS

Funding sources

? ? ?

Characteristics of successful partnerships?

SESSION 2

IH: Practice improvement/development

- Common database about each other
 - establishing one
 - commitment to updating it
- data on programmes and how to go across course
 - U21 – collaboration
 - in curriculum development what need to know that is not on website
- No's of clinical specialists
- No's of practice pathways

- ?? Priority items - ? circumscribed to begin with (specificity/standardisation)

- ?? parameters
 - student and staff exchanges
 - multimedia
 - who is doing what
 - what can go to each other

CJ: to tease out what we need to know

MH: how to address quality issues – how much can we assume/develop modules

LS: series of discussion groups around particular areas

- ?? identify particular areas

SK: framework around which institutions answer particular questions

- (Michigan – 1 web based masters in administration – web supported modules too)

MH: Multimedia/IT - ?? outcomes

- what
- where
- how
- action plan, set timeframe and name
- ?? start curriculum session

IH: Practice Improvement Outcomes

Global trends in workforce

- tension between School + practice
 - theory + practice
 - programmes + practice
- what are qualities we'd like to see in student exchanges (link to SC's workshop)
 - emphasis on graduate education
 - enrol on course in which is structured overnight

- ?? leadership here – associated with workforce and clinical academic careers

- quality as proactive and how can we import it
- working to develop academic units with clinical areas
 - seamlessness between education and service area

AH: International Partnerships

- what models
- enter/not enter/criteria
- what structures around
- what makes for success
- how to fund it

LG: Research

- (Short term objectives)
- 1. Areas of research that lend themselves to international collaboration (global trends in healthcare and how impacts families and patients)
 - what is generalisable from funding
 - are there outcomes all concerned about
- 2. What are the levels of collaboration
 - where work in terms of our strengths and weaknesses
- 3. ?? Factors to put in place that allow for international research collaboration terms and conditions
- 4. Dissemination and utilisation models
- 5. Outcomes – are ??

?? see in terms of phases

- (Long term – to get some projects off the ground)

SC: Student and staff exchanges

- what are needs of staff/student exchanges
- what programmes exist? How to build
- ? develop new programmes
- when is best time
- how can it be done
- sources of funding - ?timeframe

Practice Improvement

Interaction

Practice – theory/education (credibility of)		
		→ ? in tension
Practice - research		

Theory/education

- Leadership
 - moving beyond management
 - where does it start
 - can leadership be taught
 - academic leadership
- Academic career
 - can be viewed from several points
 - ? leave practice and enter education as a career
 - ?? message that practice is less than education
- how to develop
- interdisciplinary relationship

- JP: see evidence base as subversive and useful tool
- working with clinicians and good programme of getting it into practice
 - evidence based – students come in, as critical mass of students – so can go back in and make change
 - work with managers at same time so receptive
 - evidence base gives a common language across disciplines and confidence
 - Professor Director appointment – practitioner who develops research in a particular area
 - hanging strategy around evidence based movement

SK: is this behind US move to more clinically taught doctorates?

CJ: joint appointments in place for 25 years

- more recently have enhanced clinical teaching
 - workshops in pedagogical issues
 - spin-off to use same principles for staff development
- lots of McGill students – clinical – v.v. helpful – builds in constant exchange of information, back and forth
 - each Exec is on each clinical/faculty
- on units have nursing rounds
- almost at every level are formally structured opportunities for moving both ways

LS: arrangement on quid-pro-quo

- exchange of senior managers 1 day per week – intensive programme | → no money
- exchange researcher – to develop clinical practice | → exchanges hands
- totally dependent on manager of nursing getting nurse managers buying into value of academic education

LYK: what hearing is exciting

- once split, don't communicate

SK: US went down parallel tracks – now moving away

- at MSc level know areas where don't have current practicums, though teaching students
- ?? students come in and don't have respect for practice because geared to research and then don't want to teach undergraduates
- build in practice for framework as PhD research

AH: ?? other places have School sponsored nurse clinics

- to enhance opportunity of nurse practitioner model
- research questions

- clinics have their own financial problems because not properly reimbursed, have to pay for other staff to cover because can't run it on Faculty staff only
- biggest difficulty – pen access to underserved, but brings no money
 - CJ did it, but government doesn't believe in it yet to redirect money
- 3 choices
 - 1 grant based (4.5m) |
 - 1 breaks even }for community | → takes 5-6 years to build clientele and get reimbursed
 - 1 about to break even }partnership and | 50% private pay, 50% medicare/medicaid & non-pay interdisciplinary care

- ? anyone funded for practice – no – Michigan, through Kellogg grant

SK: think through the requirement for funding generation requirement – funding and resources available to help do it

- need to look into entrepreneurship

SC: 2 weeks of clinical/practice per year in area of speciality

CJ: similar problem for medical students, access to patients

- is money from Min of Ed to Min of Health for students
 - LG trying to find out
- being creative in funding placements for students, so faculty work with clinical tutors/who get privileges – through uni for MSc and PhD - clinical lecturers, priority for appointment
- need to get managers to buy into their benefits
- undergraduates covered by hired faculty and by paid tutors
- graduate students covered by unpaid preceptors
- med class get paid – makes a difficulty
- money to students for scholarship } McGill

- Sweden – SIFTR }
- Glasgow – followed through cohort of students in practice, what is key influence on retention
- consultant nurses brought in to help cover/overcome the gap - ?? as LProle of willing people put into roles which don't have infrastructure to support it.

JP: Director Professor

- focused, specific, one boss in practice, through with academic outcomes
 - publications
 - research grants
 - higher degree students
- looking where for staff
 - supervised practice in specialist area to join existing cohort of students
 - vicarious specialist area leaving plus instruction
 - stops added demand of faculty time
 - asked to deliver particular speciality, but if it does not work without a licence – 2 months if observational
- practice – too highly contextualised to manage in U21
- agree – don't want education and practice to be split up
- up to each country, and to share experiences

Academic Leadership

- ?? link to leadership/ ?? U21 fellowship

Scholars and sabbaticals

- ?? generic term
- professional practice development
- ?? open door and welcome to each other
- ?? as part of database
 - short senior staff database (highly selected) } → for possible
 - with list of speciality area } exchange
- ?? some way of putting together project to compare/contrast
 - bench-leaving rather than 'benchmarking' (more formal)

INTERNATIONAL PARTNERSHIPS

AH: International partnerships

- what types of partnerships do each of us participate in
 - formal/informal
 - individual/faculty focus
- what activities conducted in different types 'partnerships'
 - student exchanges
 - faculty exchanges
 - research
 - health policy influences strategy
- criteria used to decide if appropriate
- ?characteristics of successful partnerships

Michigan

- build on own best (links/influences/strengths) → graduate students
 - some exceptions eg; Beijing Uni
 - helped prepare Faculty
 - now doing MSc and want to do PhD

SK: established advisory committee to Office of International Affairs

- and is expectation of WHO regional office that will develop it in region, adds extra pressure
- advisory committee said to do it rationally – every time be absolutely clear about what giving what getting out of the relationship
- interested in finding experiences not available locally
 - cultural diversity and populations for exchange and research
- pragmatics- how much person time, resources, and where is it going to come from
 - sometimes a country which did not think money would be there, therefore was a government expense and funding for international partnerships hard to come by

CC: Personal partnership experience

- Organisational
 - funded shared programs
 - Erasmus – Holland/UK, Finland/UK
 - student exchange
 - Holland/UK, Finland/UK
 - staff exchanges
 - Holland/UK, Finland/UK
- Internationalism
 - varied organisational/institutional support may come down to the individual which can be hard
- University
 - Wolverhampton/Kentucky
 - physicians assistant/biological sciences
 - established potential sharing at MSc level
- West Midlands – Universities/NHS
 - Advanced Nursing Practice
 - Lecturers in – staff time
- Research
 - eg, violence in mental health (Peter Nolan, Sweden)
- Altruistic
 - Prague
- Opportunities
 - supporting o/s visitors – leading to collaboration
- Overseas electives

Individual

- funded scholarships – very informative and helped stay in practice for a few more years
- values
 - recognising shared values
 - learning from – helping to learn
- implications
 - organisations not capitalising on outcomes
 - how to best draw from highly motivated individuals and use them pro-actively

Reflections

- vision
- organisational commitment
- capitalising on individual aptitudes
- funding

LS: deciding

- instant recognition of soul-mate
- ? strengths of department relative to the other person's

- Wisecare collaboration
 - 6 Euro Universities – to 17 clinical sites
 - oncology driven but using existing databases
 - 5th Biomedical framework funding
- Representative of RCN on European Nurse Researchers Group (WENR)
 - U21 want to access through WENR
 - had to develop action plan with clear timetable
- debate around language and costs in terms of time +/- courses, +/- translation
 - some overseas requirements now that include development of language as well as the experience
- development of combinations of strategies, courses, web
 - visiting students/staff

Website for U21

- ?? exchange of higher degree student projects
- inventory 'international activities'??

FRIDAY

1. What areas lend themselves to international research collaborations?
- 2a. What are the different levels of research collaborations?
- 2b. What are criteria for assessing levels?
3. What factors should we consider in undertaking collaborative research?

Round Robin

CJ:

- coping
- pain
- research utilisation
- self care

- diverse topics
- diverse populations
- diverse methodologies (tend to be qualitative)

- Unifying theme – McGill model

- Health: coping, development within illness
- Family
- Learning
- Collaborative relationships

- Family
- Study of Practice
 - for example coaching 1:1 on parent practices in paediatric nurses

Future directions for International collaborations

- self/family care
- promotion of breast feeding
- pain management
- EBP

LS: Glasgow

- Executive Professional Practice – led from Aberdeen
 - factors which affect nursing

- acute and chronic health challenges
 - cancer – wisecore project, picking upon symptoms identifiable
 - stroke – cares, patients and community (built on back of disability)
 - cardiovascular – coronary artery by-pass grafting (able to get total data sets and do follow-ups)
 - compliance – international (Astra Zeneca)
- studies rolled out, rather than individual
- industry
- methods – RCT → grounded theory
- populations – in relation to those required
- research students tend to be linked to themes

AH: CORE AND DISCOVERY

(brochures for each type of research)

- Foundations – research funding – getting seed project funding from ...
- 2 centres of excellence
 - service and education mission
- 10 Faculty or more studying in same area
- Centre for Restoration and Enhancement of Cognitive Functions
 - body image and self esteem
 - wandering
 - depression (Department of Defence – partly involved in military programme to prevent)
 - hypertension and diet
- how to use for self-care – depression and insulin
- Health Promotion
 - adolescence
- Women’s Health
 - reproductive and infertility
 - prevention of urinary incontinence during labour
 - breast feeding } → used to present
 - menopause – hormonal levels } to Congress
- Nursing Administration (smallest area so far)
 - restructuring systems
 - standardising language
 - ? what happens to patient outcomes
 - QOL – stress of individual and carer
 - Oncology
 - creating environments for healing
 - decision-making

SN and JP

- Funded – state government and national competitive grants

Research Centres for State

- Psych Nursing Practice – v strong clinical links with consumers and carers
 - building clinical development unit
 - consumer application as technicians
- Victoria Centre for Nursing Practice Research
 - training clinicians to be research conscious → RCT
 - paed – research – paed consultation and pain
 - decision making in ICU and triage
 - palliative care and cancer – family care and RCT } multi-site

- very interested in data sharing ← → pain assessment and pain management of people
- care of body at end of life
- Nursing History and Policy
 - database – getting history onto database
 - post military nursing and religious nursing
 - re-emerging role of Chief Nurse
 - midwifery – changing impact of direct entry midwifery on ill women
- Programme Evaluation
 - nurse practitioner project
- IH: - usually externally funded
- Psychiatry – focus on case management and community care
 - particular focus on autistic children and impact on family – where they live
- Ageing and care in longitudinal 60- 96 – for 20 years
 - to form database for researchers (multi-professional)
 - family perspective
 - cross-cultural study – testing theories of what constitutes a ‘good life’ whether culturally based
 - very old 75-100 – what contributes to life quality
 - who is delivery care
 - pain, incontinence, dizziness
 - cancer in elderly
- family care giving
 - acute confusion
- Women and children’s health
 - ultrasound
- child cancer and its effect on siblings and School
 - sedation and severe traumatic diseases
- doctoral students join to specific projects
- CC: work closely with NHS – 5 units out working
- Psychiatry – Peter Nolan
 - have health professionals work together – action research
 - violence and its management in the workplace
 - Ireland, USA, Greece
 - depression and nurse prescribing
- Clinical Studies
 - multidisciplinary research activity
 - MRC funded cancer care and clinical trials
 - cardiac – social aspects of cardiac rehabilitation
 - wound care
 - hospital at home
- Health Care Education
 - factors influencing research in practice
 - School Nursing
 - men’s health
 - cultural issues (goes through all)
 - history
- Health Maintenance and Rehabilitation
(working with physiotherapy, 60 nurses and 60 physiotherapists in Department)

- ??Future Collaboration??
- cultural and language
- clinical cardiac rehabilitation and care
- Centre for Defence Medicine - → learning

MH:

(see blue sheet)

- only able to get grants if show relevance and engagement

LCF:

- primarily student project
- related to areas of clinical practice

SC: paper

NJ/HW:

- 3 Research Centres
 - Social Contexts of Health
 - Practice Development
 - Human and Clinical Sciences
- Research Centres linked by shared themes of
 - user and carer focus
 - inequalities and difference
 - risk
- Practice clusters
 - Cancer and Palliative Care
 - Cardiovascular systems (risk and prevention)
 - Mental Health (long-term mental illness)
 - Pain
 - Education and Health Informatics
 - Elder Care
- Also developing practice cluster in Child Health and Critical Care
- Methodological questions
 - validity and reliability
 - the nature of health improvement and practice development
 - the strengths and limitations of a theory-practice gap
- Current projects
 - multi-site survey of cervical screening (with Surgery and Economics)
 - the use of healthy and ill volunteers (History and Oncology)
 - non-invasive testing of cardiovascular risk (Medicine)
 - self-help and the internet (with Self Help Nottingham)
 - assessment of health visitor outcomes (General Practice, Community Nursing, Economics & Statistics)
 - pain management in residential homes (Anaesthesia and local homes)
- Accreditation
 - UK Economic and Social Research Council

Discussion

- individual arrangements and collaboration
- ? added value of doing international studies

AH: what is generalisable from what is culturally specific

- when we do understand what is generalisable, what makes it that and then how does it have to be made culturally specific

LG: distinguishing universal laws of human response to health and illness vs context specific response

- middle range theories eg; attachment theory
 - validation → moved to cross-cultural
 - transition theory → how transfer
- impact of health care reform on pat/faculty/nursing
- what is meant by cultural issues

What are different levels of research collaboration

- assisting with data collection
- participate with planning study and writing the grant
- participate in analysis and do
- dissemination

- criteria for determining level of partnerships

- known and skills of:
 - women's methodologies
 - grantsmanship
 - ability to ensure integrity of study
 - analysis and interpretation
 - working for publication
 - multi-disc research
 - developing programmatic research
 - project management
 - difficult employ practices/ethos

- factors to consider

- different perspectives on nursing
 - questions and outcomes
 - different scientific/theoretical approaches
 - methodologies
 - research culture
 - value, language
 - access to study populations
 - resources
 - infrastructure, funding opportunities
 - effective means of communication
- maturity level of investigation and interest
- incentives for staff (need to be able to identify international references)

MH: Curriculum Collaboration

- what are the issues
- what would we like to do
- what could we do
- what can we do/will we do
 - priorities
 - timeframe
 - action plan
 - responsibilities
- issues
 - knowledge each others programmes and programme structures
 - graduate/undergraduate
 - undergraduate – different programme lengths, regulations from regulation authorities
 - workforce issues- global
 - professional portability
 - different needs – size, expertise
 - accreditation
 - teaching and learning – values, approaches, context
 - EB education
 - multi-media – costs- expertise – strengths – resources
 - international, national, local delivery – using technology
 - quality frameworks
 - IP

- what is already available

Kevin Sweeny

(Melbourne VC)

- decided needed/what development it and set up committees and funding
- started with medicine, curriculum being converted
- agreed – were medical educators not software developers
 - content development
 - problem based → problem each week to trigger – supporting material and case studies
- leaving difficulties in particular parts in the curriculum
- U21 Committee on learning effectiveness
- ?approach to leaving students have to take for multimedia
 - everything from formal in lecture
 - package – do when need
 - communication (+ admin) – asynconous
 - chat rooms (no anonymous posting allowed)
 - platform choices, may only be stable in certain areas of world - ?security
 - social (facebook)
 - assessments
 - computer problems
 - dentists, med students, physio → shared chat rooms – med tendency to go across – others tend to stay at discipline
- ?? assessment and security checks – learning environment not used for assessment, except formative – MCQ and answers
- cost \$50K for one hour – interactive development
- ?compatibility re:webCT and TopClass
 - know it would happen → development as html and transfer into application
 - develop some
- Michigan – variety of means
 - 2½ year course – all web-based but came to campus one month to meet, ?? strain on Faculty – yes
 - ?student view? – liked flexibility of web, missed 1:1, weekend means base flexibility
- also ‘web-supported’
- UG – distance education
- is more expensive to teach because tend to be v. nurturing
- McGill – levels to be web-supported
 - PhD starting to be offered in flexible format from last summer
- To do (??obligation to have not just committees but top quality researchers)
 - learning resource catalogue- development Tony Copy - ?NSW for U21 – but fairly complicated ½ hours for 1 entry – looking at simpler version
 - listing of imaging libraries
 - currently small one at Melbourne
 - longer-term
 - education effectiveness
 - where education

STAFF AND STUDENT EXCHANGE

1. What are the needs of the exchange programme?
2. What are the existing programmes?
3. What are the objectives of the exchange programmes?
4. How can we build on the existing programmes and/or develop new programmes?

5. Who should participate in the programmes (undergraduate, graduate, faculty)?
6. What are the areas of exchanges?
7. When (how often) should the exchange programmes be offered?
8. How can the exchange programmes be organised?
9. What could be the sources of funding?
10. The way forward; priorities, short term outcomes, recommendations.

- can get funding under U21, but limited
- offer exchange and exploration for staff and students

FINAL SESSION

- got to know each other well

ES: Positive

- this initiative
- close to medical dean's meeting
- first step to know each other
- stronger together
 - political
 - knowledge
- knowledge is international

For further discussion

- future for health care system
- research as driving force to develop health care
 - is research beneficial?
 - if so → money
- role of nursing tomorrow
- what is hospital tomorrow
- health care (advanced) in the patients home conducted by relatives → consequence
- how to create a stimulated research environment

ES: Pat. Focused Hospital

TODAY

- focus on speciality
- effective department
- isolated professional groups
- focus on costs

- individual IT systems

TOMORROW

- focus on patient flow
- effective hospital systems
- interdisciplinary teams
- focus on patient and quality goals

- net based IT systems

FUTURE

- increased power and rights to participate
- globalisation
- demographics
- IT explosion
 - information
 - communication
 - as tool in treatment
- bio informatics
 - new drugs
 - new organ building with your own cells
- new diagnosis
- living longer and healthier
- new ethical issues
 - when do you become a patient
 - do you want to know if you are going to be seriously ill in 15 years
 - who owns the information
- new laws and rules
- increased importance of nursing and caring
 - knowledge will become export product
 - new companies
- increasing lifestyle diseases
 - allergy
 - stress
 - burn-out syndrome
- food as medical treatment
 - functional food
- cosmetic medical treatment/surgery will increase
- the gap between what is possible to do within the health care system and what can afford to pay for from public money – priorities/insurance

Conclusion/comments

- more interdisciplinary research
- related and different disciplines and related to patient situation
- role of nursing will have an impact on health
 - as essential part of health care process as a whole
 - how to take advantage of development
- staff strategies opens up for more influence and power at the organisation
- more focus on families, patients, health outcomes and not the profession